

T E S T I M O N Y

Statement of

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before the

Commerce Committee

Subcommittee on Health and Environment

United States House of Representatives

on

Substance Abuse and Mental Health Services Administration (SAMHSA)

Reauthorization

on behalf of

The National Association of State Mental Health Program Directors

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Introduction

Chairman Bilirakis and members of the House Commerce Committee Subcommittee on Health and Environment, I appreciate the opportunity to testify before you today. My name is A. Kathryn Power and I am the Director of the Rhode Island Department of Mental Health, Mental Retardation & Hospitals. I am testifying on behalf of the National Association of State Mental Health Program Directors, which represents the \$23 billion public mental health service delivery system serving 6.1 million people annually across 50 states and 5 territories. As you know, SAMHSA's Block Grant is the principal federal discretionary program supporting community-based mental health services for children and adults. States use Block Grant dollars for a wide range of critical services for people with serious mental illness including community-based treatment, case management, homeless outreach, juvenile services and rural mental health services. The Block Grant provides up to 36 percent of the state mental health agency's community mental health budget in some states and a small but important percentage with others. The Block Grant has been critical in fostering the trend that in FY 1993 saw state hospital inpatient spending exceeded for the first time by spending on community-based services. The Federal leadership, direction and funding from SAMHSA and the Center for Mental Health Services has been instrumental in the development of these community-based services. Therefore, NASMHPD strongly supports the 3-year reauthorization of the Substance Abuse and Mental Health Services Administration.

I would like to briefly highlight five key issues related to this reauthorization.

1. Consolidation of the mental health block grant criteria from 12 to 5

This proposed consolidation will provide the states more flexibility and reduce redundancy in the current State Block Grant planning process. Although this consolidation will simplify the process, no essential program components will be eliminated (i.e. targeted service to rural and homeless populations).

2. Data and Performance Measures

The state mental health directors support SAMHSA's State Data Infrastructure Grant. We believe it is time for a "Partnership for Accountability;" a partnership between the Federal and State government which would document what services were purchased and what outcomes were achieved. As the study on the "Assessment of Performance Measures in Public Health," reported by the Committee on National Statistics, notes, there is a "need for improved documentation of the achievements of public and private agencies, and states need to develop systems to monitor managed care providers." Although the Administration's proposal does not call for funding for this data initiative until fiscal year 1999, I would urge the Subcommittee to authorize funding beginning in fiscal year 1998.

3. PATH (Projects for Assistance in Transition from Homelessness)

The population served by PATH includes individuals with some of the most disabling mental disorders - 44 percent with schizophrenia and other psychotic disorders and 28 percent with affective disorders like depression. In addition, nearly half (48 percent) of clients who receive PATH-funded services exhibit co-occurring mental illnesses and substance use disorders. Federal PATH funds are instrumental in leveraging additional state and local funds to serve people who are homeless and who suffer from mental illnesses. Although State or local agencies must match every \$3 of Federal funds with at least \$1 in cash or in-kind services, they have historically provided double that amount. Therefore, we support the Administration's reauthorization for PATH for three years and the amendment which will permit States that provide a large portion or all of the community-based mental health services in the State to use PATH funds themselves.

4. Knowledge Development and Application (KDA) Grant

NASMHPD supports the Administration's proposal for involving State Mental Health Agencies and other groups including consumers, family members, counties and providers to help set priorities for Knowledge Development and Application grant funding. Given the major mental health systems changes occurring in most states with the implementation of managed care, state hospital downsizing and closing, welfare reform, etc., Knowledge Development and Application projects that will provide innovative

models and train providers in implementing these best practices will be of great benefit to mental health recipients and to state systems by assisting in the implementation of the state-of-the-art practice in public mental health. We anticipate a stronger role with SAMHSA and the Center for Mental Health Services (CMHS) as this evolution in decisions about state mental health care become more complex - their role will be one that demands information dissemination conjoined with state-of-the-art best practices.

5. Children's Mental Health

Almost half a million children with serious emotional disturbance are served through the public mental health system each year (456,331). Six month outcome data from a study conducted by the Center for Mental Health Services (22 demo sites) of over 10,000 children indicates that those children involved in CMHS' system of care service initiative made significant improvement in terms of both clinical gains and functional gains in the community. School attendance and performance improved, especially for male students, and stability of living environments increased. The core components of the required system of care are those we know enhance treatment for children with SED: integrated community-based service delivery; non-traditional service interventions; child-centered, family focused, individualized case management; and culturally appropriate services with an ultimate goal of keeping children in their communities. NASMHPD supports the reauthorization of the children's mental health services programs and the proposals from

the Administrator for change to waive certain requirements for U.S. Territories and American Indian tribes or tribal organizations.

Conclusion

In conclusion, let me urge the Subcommittee to support the reauthorization of SAMHSA and its critical functions in supporting mental health services to more than 6 million people in the United States. Thank you for your time and consideration.